

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKKyle Hendricks**11 CIV. 1206**

(In the space above enter the full name(s) of the plaintiff(s).)

COMPLAINT

under the

Civil Rights Act, 42 U.S.C. § 1983

Jury Trial: Yes ☒ No ☐
(check one)

v.

Defendant No. 1

N.Y.C. Dept of corrections

Defendant No. 2

Sick call

Defendant No. 3

Doctor Calvo

Defendant No. 4

Defendant No. 5

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Kyle Hendricks

ID #

241-09-12885

Current Institution

Otis Bantum Correctional Center

Address

16-00 Hazen Street, East Elmhurst,New York, 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name N.Y.C Dept of Corrections Shield # _____
 Where Currently Employed 60 Hudson Street
 Address 60 Hudson Street, New York, New York,
10013-10007

Defendant No. 2 Name Sick call Shield # _____
 Where Currently Employed O.B.C.C
 Address 16-00 Hazen Street, East Elmhurst
QUEEN N.Y. 11370

Defendant No. 3 Name Doctor Calvo Shield # _____
 Where Currently Employed O.B.C.C
 Address 16-00 Hazen Street, East Elmhurst
QUEEN N.Y. 11370

Defendant No. 4 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? At O.B.C.C
16-00 Hazen Street, East Elmhurst QUEEN N.Y. 11370

B. Where in the institution did the events giving rise to your claim(s) occur? this occur
at O.B.C.C / C.P.S.U 2 Southwest 32 cell.

C. What date and approximate time did the events giving rise to your claim(s) occur? this
occur 12-25-10 fell Now

D.

Facts:

yes My Name is Kyle hendricks 241-09-12885
 and I have been violated by Sick call of my 5 Amendment,
 6 Amendment, 7 Amendment, 8 Amendment of my Constitutional
 rights at O.B.C.C/C.P.S.U 2 Southwest area. Doctor calvo
 as well as his whole entire Medical Staff have
 repeatedly Dismiss my medical request and complain
 on several and Numerous occasions.

What
happened
to
you?

Who
did
what?

Was
anyone
else
involved?

Who
else
saw
what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

N/A

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). At O.B.C.C correctional facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? I filed a grievance at O.B.C.C correctional facility

1. Which claim(s) in this complaint did you grieve? I'm claim that sick call is refuseing me my medical treatment violating my 5, 6, 7, 8 Amendment

2. What was the result, if any? NO Nothing NO result

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I wrote a grievance and the Deputy warden

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes _____ No ☒

1. If YES, whom did you inform and when did you inform them?

N/A

2. If NO, why not? Because All I filed was a grievance

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

N/A

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.

I want to press charges and have the court to follow up in the federal court. and Help Me file a law suit on my behalf.

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No _____

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No _____

E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

Signed this 5 day of February, 2011. I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Kyle Hendricks
1241-09-12885
16-00 Hazen Street
East Elmhurst N.Y.
11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 5 day of February, 2011, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Kyle Hendricks